Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of	)	
	)	
Request for Review and Waiver by	)	
Tanana Chiefs Conference of Decision	)	
By the Universal Service Administrative Company	)	WCB Docket No. 02-60
	)	
Interior Alaska Regional Health Consortium	)	
HCPs 10720, 10721, 11022, 10715, 10716, 10717,	)	
10718, 10722, 10723, 10724, 10726, 10727, 10729,	)	
10730, 10731, 10732, 10733, 10735, 10736, 10737,	)	
10738, 10739, 11011, 12804, 15464, 15465, 16362,	)	
10736, 176991, 10719	)	
	)	

REQUEST FOR REVIEW AND WAIVER

Victor Joseph
Chief / Chairman
Tanana Chiefs Conference
122 1st Avenue
Fairbanks, AK 99701
(907) 452-8251

April 28, 2017

SUMMARY

Recent decisions by the Rural Health Care Division of the Universal Service Administrative Company ("USAC") have resulted in a greater than $1 million shortfall for Funding Year 2016 ("FY 2016") for certain rural Alaskan health clinics that are part of the Tanana Chiefs Conference ("TCC"), an intertribal consortium based in Fairbanks, Alaska. This is a tremendous amount of money for these rural health clinics, and losing the money will severely harm residents of the rural communities served by these clinics, where TCC's clinics are the only health care providers available. Accordingly, TCC submits this request to the Commission to reverse the USAC decisions.

First, TCC requests that the Commission review and reverse USAC's decision denying TCC's request to file certain FCC Forms 466 outside of USAC-imposed deadlines; or in the alternative waive Sections 54.623 and 54.675(c)(2) of its Rules to the extent necessary to permit TCC to file the subject Forms 466. TCC inadvertently failed to file Form 466 within the USAC imposed deadline for reasons described below, but the results of this error are devastating to the rural communities that rely on rural health care services, and strict enforcement of the deadline is contrary to the public interest.

TCC also requests that the Commission waive Section 54.675(f) of its Rules so that USAC will release full rural health care funding to all of TCC's consortium of rural health care provider clinics. USAC prorated FY 2016 funding to 92.5% for second filing window applicants, in order to meet funding demands. The FCC should waive this decision as it applies to TCC's rural health care provider clinics because TCC holds a USAC-approved evergreen contract; TCC did not receive fair notice that USAC planned to prorate funding; and USAC has the money to fully fund TCC's providers.

TABLE OF CONTENTS

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

In the Matter of	)	
	)	
Request for Review and Waiver by	)	
Tanana Chiefs Conference of Decision	)	
By the Universal Service Administrative Company	)	WCB Docket No. 02-60
	)	
Interior Alaska Regional Health Consortium	)	
HCPs 10720, 10721, 11022, 10715, 10716, 10717,	)	
10718, 10722, 10723, 10724, 10726, 10727, 10729,	)	
10730, 10731, 10732, 10733, 10735, 10736, 10737,	)	
10738, 10739, 11011, 12804, 15464, 15465, 16362,	)	
10736, 176991, 10719	)	
	)	

REQUEST FOR REVIEW AND WAIVER

Pursuant to Sections 1.3, 54.719, and 54.722 of the Commission's Rules,[1] the Tanana Chiefs Conference ("TCC") hereby seeks review of a decision by the Rural Health Care Division of the Universal Service Administrative Company ("USAC"), denying TCC's request to file FCC Forms 466 ("Form 466") outside of the USAC-imposed filing windows for the Rural Health Care ("RHC") Program for Funding Year 2016 ("FY16") for three of the rural health care providers ("HCP") which are part of its consortium. These clinics are: (1) Hughes Village Health Clinic ("HCP 10720"); (2) Huslia Village Health Clinic ("HCP 10721"); and (3) Chalkyitsik Village Clinic ("HCP 11022") (collectively the "HHC Clinics").

In the alternative, TCC requests that the Commission waive Sections 54.623 and 54.675(c)(2) of its Rules[2] to the extent necessary for waiver of the USAC-imposed deadline, and permit TCC to file the subject Forms 466 for FY16 funding.

[1] 47 C.F.R. §§ 1.3, 54.719, and 54.722.
[2] 47 C.F.R. §§ 54.623 and 54.675(c)(2).

TCC also requests that the Commission waive Section 54.675(f) of its Rules[3] so that USAC will release full RHC funding to all 30 of the HCP clinics in its consortium.[4] The Forms 466 for 27 of TCC's HCPs were filed during USAC's second FY16 filing window of September 1, 2016 – November 30, 2016. On April 10, 2017, USAC first announced that all HCPs that filed during the second filing window would have their RHC funding cut by 7.5%.[5]

As discussed more fully below, good cause exists for the requested review and waiver of the subject rules. Due in large part to confusion about USAC's new Form 466 filing policies (which varied substantially from previous years), some TCC officials inadvertently failed to file on behalf of the HHC Clinics during the first or second USAC-imposed deadlines. Shortly after discovering the omission, on March 23, 2017, a TCC official contacted a USAC RHC Tribal Liaison, explaining the issue and requesting that TCC be permitted to file the Forms 466 for the HCC Clinics. The USAC official informed TCC that there was nothing USAC could do to assist TCC because USAC does not have authority to grant such an extension or waive the Form 466 filing deadlines. This official had told TCC that there is no recourse and that USAC could provide no assistance.

Regarding the pro-rated funding matter, TCC has a multiyear contract with its telecommunications provider, DRS Technical Services, Inc. ("DRS") to provide vital telecommunications health services to all its HCPs. USAC granted this contract "evergreen" status.[6] Because USAC designates evergreen contract holders as automatically eligible for

---

[3] 47 C.F.R. § 54.675(f).
[4] A full list of the subject HCPs is attached hereto as *Exhibit One.*
[5] *See* USAC email dated April 10, 2017: "FY2016 September-November Filing Window Period Funding Information and Pro-Rata Factor Announced." A copy of this email is attached hereto as *Exhibit Two.*
[6] *See* USAC email dated April 12, 2017: "RHC Telecommunications Program – Funding Commitment Letter . . . ." A copy of this email is attached hereto as *Exhibit Three.*

funding, and exempts them from competitive bidding for RHC funding for every year the contracts are in effect,[7] USAC has earmarked funds available for evergreen contract holders. Hence, TCC's HCPs should not be subject to pro-rata RHC funding.[8]

It is critical to the health of thousands of Alaskan Natives that TCC's requested review/waiver be granted. TCC's HCPs stand to lose a total of $1,022,372.71 in eligible rural health care funding if USAC's decisions are permitted to stand. Specifically, USAC's refusal to allow the HHC Clinics to file their Forms 466 resulted in a shortfall of $633,170.49. The 7.5% reduction in funding results in TCC's HCPs losing a total of $389,202.22.[9] This is a tremendous amount of money for the HCPs; losing it will cause severe harm to the residents of the rural communities served by these clinics.

TCC's HCPs are the only health care providers in the subject communities; without the needed RHC funding, Alaska Natives in those villages will be denied critical health care services, which would result in an unnecessary increase in untreated illnesses and could cost lives. This is an extremely serious situation. TCC's requested review / waiver should be granted because good cause and unique circumstances exist, the public interest would be served, and severe hardship on the clinics and rural communities they serve would result if this request is not granted.

I. FACTUAL BACKGROUND

A. TCC Provides Vital Health Services to Fifteen Thousand Alaskan Natives and American Indians in the State's Interior Region.

---

[7] *Id.* at 2.

[8] As illustrated below, USAC has the funds available to issue full RHC funding for evergreen contract holders such as TCC. Hence, USAC's reasoning for pro-rating funds for entities filing during the second filing window, the "total dollar value of all qualifying funding requests" (*See Exhibit Two)* is inapplicable to TCC.

[9] *See Exhibit Two.*

Tanana Chiefs Conference ("TCC"), is a Fairbanks, Alaska-based, non-profit intertribal consortium charged with advancing tribal self-determination and enhancing regional Native unity.[10] TCC's region covers an area of 235,000 square miles in interior Alaska, which is equal to 37% of the entire state and is just slightly smaller than the size of the state of Texas.

TCC provides a wide range of health and social services in a way that balances traditional Athabascan and Alaska Native values with modern demands, to forty-two Alaskan communities, including thirty-seven federally-recognized tribes[11] in Alaska's vast interior region. TCC is a signatory to the Alaska Tribal Health Compact with the U.S. Secretary of Health and Human Services, and carries out federal programs for Alaska Natives, American Indians, and other eligible individuals, through funding agreements with the Indian Health Service and the Bureau of Indian Affairs, as authorized by, *inter alia*, the Indian Health Care Improvement Act, 25 U.S.C. § 1601, *et seq.*, P.L. 94-437, as amended, and Titles V and IV of the Indian Self-Determination and Education Assistance Act, 25 U.S.C. § 5301 *et seq.*, P.L. 93-638, as amended ("ISDA"). Pursuant to ISDA, TCC operates and provides health care services at Chief Andrew Isaac Health Center, a state-of-the-art regional health clinic in Fairbanks, Alaska, three

---

[10] *See generally* Tanana Chiefs Conference, https://www.tananachiefs.org/.

[11] The federally recognized tribes located in the Tanana Chiefs Conference region are as follows: Alatna Village, Allakaket Village, Anvik Village, Arctic Village, Beaver Village, Birch Creek Tribe, Chalkyitsik Village, Circle Native Community, Evansville Village (aka Bettles Field), Galena Village (aka Louden Village), Healy Lake Village, Holy Cross Village, Hughes Village, Huslia Village, Koyukuk Native Village, Manley Hot Springs Village, McGrath Native Village, Native Village of Eagle, Native Village of Fort Yukon, Native Village of Minto, Native Village of Ruby, Native Village of Stevens, Native Village of Tanacross, Native Village of Tanana, Native Village of Tetlin, Native Village of Venetie Tribal Government, Nenana Native Association, Nikolai Village, Northway Village, Nulato Village, Organized Village of Grayling (a.k.a. Holikachuk), Rampart Village, Shageluk Native Village, Takotna Village, Telida Village, Village of Dot Lake, and Village of Kaltag. *See* Native Entities Within the State of Alaska Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs, 81 Fed. Reg. 26830 (May 4, 2016).

subregional health centers, and twenty-seven rural village clinics throughout the interior region, including Huslia, Hughes, and Chalkyitsik, to approximately 15,000 eligible beneficiaries.

B. The TCC-Run HCPs Are the Only Health Care Facilities That Serve the Residents of Their Rural Communities.

The village of Huslia is in TCC's Yukon Koyukuk Subregion and is on the Koyukuk River, off of the Alaskan road system, and is approximately 258 miles northwest of Fairbanks. In 2016, TCC's telecommunications service provider, DRS, transitioned HCP 10721 from satellite connectivity to terrestrial microwave to improve its health care communications services.

The village of Hughes is located in TCC's Yukon Tanana Subregion, located 205 miles northwest of Fairbanks. None of the village residents live on the Alaskan road system. HCP 10720 was also transitioned from satellite to terrestrial microwave at the end of 2016 in order to upgrade its communications services.

The village of Chalkyitsik is in TCC's Yukon Flats Subregion. It is located 172 miles northeast of Fairbanks and is not on the Alaskan road system. This area does not have any terrestrial microwave services; connectivity to and from HCP 11022 is provided through a satellite connection.

TCC – through the HHC Clinics – is the only health care provider in all three of the subject rural communities. The same situation exists in the rural communities of TCC's other 27 HCPs.

C. TCC Relies Greatly on Telecommunications to Bring Health Care to These Remote Communities.

Huslia, Hughes and Chalkyitsik are among the vast majority of village communities in the TCC region that are not connected by roads and are only accessible by air or water. Bad weather routinely prevents air travel to and from these communities for days at a time. The delivery of health care to these rural areas strongly depends on services such as electronic health record access, computerized physician order entry, and the ability to dispense medication over long distances. These vital services are accomplished through the rapid and reliable communications provided by TCC's contracted service provider DRS.

For example, physicians located in Fairbanks are in daily communication with TCC's HCPs' health care workers through the electronic health record service provided by Telehealth, which enables, via telecommunications, a wide variety of digital applications to deliver and document health care assessments, treatment, and medical records generated by health care providers. In addition to the aforementioned services, these applications include a wide array of tools used to enhance patient safety and continuity of care including teleradiology, telebehavioral health, telepharmacy, and distance learning systems.

One of the most critical communications services Telehealth provides is video teleconferencing for medical evaluation of patients when a provider cannot be on site for physical or mental health evaluation. Village clinics have pharmacy pickpoint machines, which enable pharmacists in TCC's main urban health center in Fairbanks to review the prescriptions requested by the health aides in the villages under authorization of their referral physician. Upon satisfactory review of the documentation and the prescription request in an electronic health record, the pharmacist electronically dispenses the medication in the subject clinics via the pickpoint machine.

DRS provides TCC high speed communications, which TCC requires in order for all the aforementioned services to function at the HCPs. Without the DRS-provided circuits to the HCPs, there would be no reliable options for connecting the HCPs to vital medical staff, records, and other necessary healthcare services.

Deprived of these services, the only way the residents of all these villages would be able to obtain necessary health services would be to take long and costly small commercial aircraft flights – when they are available – to hospitals and clinics located hundreds of miles away. Under that scenario, the overall health and well-being of the people in these remote villages would be severely degraded, as patients, many of whom are severely impoverished, would be forced to delay seeking health care until their illnesses became life-threatening. The inconvenience, unreliability, and prohibitive costs of air travel would render preventative care virtually unavailable, and many residents of these remote villages would avoid seeking healthcare altogether, with tragic results.

D. TCC's Evergreen Service Contract with DRS

In order to better serve the needs of its healthcare providers and patients, in 2006, TCC entered into a contract with DRS which USAC approved as an evergreen contract.[12] Evergreen contracts are multi-year contracts which provide for funding commitments during the terms of the contracts.[13] USAC is required to earmark $150 million per funding year for upfront payments and multi-year commitments for evergreen contract holders in the Healthcare Connect Fund ("HCF").[14] Moreover, evergreen contract holders in both the HCF and Telecommunications Program are exempted from having to engage in competitive bidding for

[12] *See Exhibit Three.*
[13] *See* 47 C.F.R. §§ 54.642(h)(4) and 54.644(b).
[14] *See* 47 C.F.R. § 54.675(a).

RHC funds during the term the evergreen contract is in effect.[15] While these entities are automatically deemed eligible for full funding, USAC requires eligible HCPs with evergreen contracts in the Telecommunications Program to submit Forms 466 annually as an administrative requirement.[16]

TCC has had three consecutive evergreen contracts with DRS. The current evergreen contract between TCC and DRS was effective December 2014, and runs through December 2019. The scope of this contract provides for DRS to, in addition to providing the aforementioned services, build out middle mile infrastructure to rural TCC communities for the purpose of connecting the village clinics. Those connections go directly from the clinics to TCC's urban office in Fairbanks, where physicians and other health care professionals can work with the HCPs to provide necessary health services.

E. TCC Cannot Provide Services Without RHC Funding.

RHC funding is a critical financial resource that offsets the exceedingly high cost of communications circuits to clinics, such as the HCPs, in isolated rural Alaskan villages. The cost per circuit ranges from $7,000 to $42,500 a month, depending on the size of the village and clinic. RHC subsidies cover close to 98% of the overall monthly cost, which dramatically lowers the cost to a few hundred dollars per month, per circuit.

If USAC does not release the FY16 funds to TCC, the HCPs would lose funding essential to narrow the financial gap between TCC's resources and the unmet medical needs of the Alaska Natives. In short, the HCPs cannot provide the subject services without RHC funding.

---

[15] *See* 47 C.F.R. § 54.623; s*ee also Exhibit Three* at 2.
[16] *See* USAC Evergreen Contract – Rural Health Care Program. Text can be found at https://usac.org/rhc/telecommunications/health-care-providers/evergreen-contracts.aspx.

F. Form 466 Filing Deadline Issues

The Funding Year for the RHC program is July 1 through June 30.[17] Every year since the inception of the RHC program, the annual deadline for filing a Form 466 for a given FY has been June 30. USAC would continue to accept Forms 466 after their annual filing windows.[18] The Commission's rules still list June 30 as the 466 filing deadline for a given FY,[19] as does the Form 466 instructions.[20] USAC's website, in the FAQ section, also states that the deadline for Form 466 submission is June 30.[21]

As discussed in an FCC *Public Notice* released in August 2016, for FY16, USAC imposed two Form 466 filing windows: (1) March 1, 2016 – September 1, 2016, and (2) September 1, 2016 – November 30, 2016.[22] The Commission anticipated that there would be a third filing window of February 1, 2017 – April 30, 2017.[23] But, USAC refused to accept any funding requests after the second filing window, even though USAC's RHC fund still has nearly $15 million remaining in the fund for FY16, plus more than $35 million in reserve.[24] It was not until April 10, 2017 that USAC announced that qualifying funding requests received during the second funding window would be pro-rated at 92.5%.[25]

---

[17] *See* 47 C.F.R. § 54.675(c)(4).
[18] *See* 47 C.F.R. §54.675(b)-(c).
[19] *See* 47 C.F.R. § 54.675(c)(4).
[20] *See* FCC Form 466 Instructions (July 2014) at 1, a copy of which is attached hereto as *Exhibit Four.* This version of the Form 466 was in effect in 2016. USAC switched to e-filing only in January 2017.
[21] See Answer to Q 12 USAC FAQ, a copy of which is attached hereto as *Exhibit Five.*
[22] *See Wireline Competition Bureau Provides a Filing Window Period Schedule for Funding Requests Under the Telecommunications Program and the Healthcare Connect Fund, Public Notice*, FCC, DA 16-979 (rel. Aug. 26, 2016) at 4.
[23] *Id.*
[24] *See* Funding Information – Rural Health Care – USAC.org, a copy of which is attached hereto as *Exhibit Six.*
[25] *See Exhibit Two.*

Unaware that USAC planned to prorate funds for entities – apparently including evergreen contract holders – that filed during the second filing window, TCC timely filed funding requests in the second filing window for all of the clinics it helps to support, except for the HHC Clinics.

The newly-imposed USAC filing deadlines for the HHC Clinic were missed due to administrative errors. The Form 466 filings for HCP 10720 and HCP 10721 were delayed because those locations were transitioning from satellite connections to terrestrial microwave, and the TCC official responsible for those filings put off filing the Forms 466 until after the transitions in order to avoid confusion in filing the Forms 466. That official was unaware of the filing windows and thought that TCC could file the Forms 466 after November 30, 2016 pursuant to the FCC rules and Form 466 instructions, which state that Forms 466 may be submitted until June 30 for the subject FY.

The filing for HCP 11022 was missed because of an oversight of the primary account holder who did not have that particular HCP on its list of HCPs for which a Form 466 should be filed.

In years past, it was not unusual for TCC to file its Forms 466 in December, because its current evergreen contract was executed in December 2014. That had not been an issue, because, pursuant to the FCC's rules, USAC accepted applications on a "first come, first serve" basis" until June 30 each funding year.

Prior to this situation, TCC had never missed a Form 466 filing deadline. TCC had made timely filings for more than ten years. The responsible officials for the subject clinics missed the USAC-imposed FY16 deadlines due to clerical errors, and some confusion over the filing deadlines.

TCC discovered its inadvertent omissions in late March 2017 and immediately took action to try to rectify the situation. On March 20, 2017, in preparation for filing Forms 466 for FY17 RHC funding, the primary account manager for TCC sought assistance from DRS on some technical matters. On March 22, 2017, DRS staff contacted the TCC primary RHC account manager to notify him of the discovery that the filing windows for FY16 had closed and that the Forms 466 for the HHC Clinics had not been filed. On the following Monday, March 27, 2017, a TCC account manager called the Office of Native Affairs and Policy to ascertain the correct USAC contact who could assist with this matter.

The same day, a TCC official contacted USAC RHC Tribal Liaison, Rebecca Schwartzman. When the official explained the situation and requested that TCC be able to file its Forms 466s, Ms. Schwartzman stated that the deadline was closed and there is nothing that USAC could do to assist TCC. TCC considered filing an appeal of Ms. Schwartzman's decision directly to USAC, but USAC's website states that any issue pertaining to a filing deadline or FCC rules should be appealed directly to the Commission.[26] As this request contains a rule waiver, filing it with the FCC comports with Commission rules.[27]

II. STRICT ENFORCEMENT OF THE FILING DEADLINE IS CONTRARY TO THE PUBLIC INTEREST.

A. Standard of Review

The Commission's Rules provide that the Wireline Competition Bureau ("WCB") reviews decisions by USAC divisions *de novo*.[28] The Commission may waive its rules if good

[26] *See* Appeals at USAC.Org. Text can be found at http://usac.org/about/about/program-integrity/appeals.aspx.
[27] *See* 47 C.F.R. § 54.719(c).
[28] *See* 47 C.F.R. §§ 54.719 and 54.723.

cause is shown.[29] The Commission has discretion to waive rules where the particular facts make strict compliance inconsistent with the public interest.[30] The Commission may also take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis.[31] Waiver of the Commission's rules is appropriate if special circumstances warrant a deviation from the general rule, and such deviation will serve the public interest.[32]

B. The Commission Should Waive the FY16 Filing Deadline.

The Commission should not allow TCC's inadvertent error to prevent it from receiving the subsidies necessary for vital telecommunications services. TCC is a non-profit, charitable tribal organization, providing critical federally-funded health services to isolated Alaska Native communities that desperately need them. If funding to which it is otherwise entitled is denied on the basis of an inadvertent administrative oversight, TCC will be forced to: (a) cut critical telecommunications service for its clinics; and (b) divert funds intended for healthcare for Alaska Natives to pay its service provider. As described herein, this would cause severe hardship to Alaska Natives affected by this situation.

TCC respectfully requests that the Commission review USAC's decision to strictly enforce its Form 466 filing deadline and direct USAC to permit TCC to file the Forms 466 for the HCC Clinics. In the alternative, TCC requests that the Commission waive Sections 54.623 and 54.675(c)(2) of its Rules [33] to permit TCC to file Forms 466 for RHC FY16 funding for its HHC Clinics.

---

[29] *See* 47 C.F.R. § 1.3.
[30] *See Northeast Cellular Telephone Co. v. FCC.* 897 F.2d 1164, 1166 (D.C. Cir. 1990).
[31] *See WAIT Radio v. FCC, 418 F.2d 1153, 1159 (D.C. Cir. 1969); Northeast Cellular* at 1166.
[32] *See Northeast Cellular* at 1166.
[33] 47 C.F.R. §§ 54.623 and 54.675(c)(2).

Review of the adverse USAC official's decision and/or waiver of these rules would be consistent with the Commission precedents in matters such as this. The Commission has permitted recipients to cure clerical and ministerial errors, *including failure to timely file forms*, in the context of receiving universal service support.[34] The Commission explained that relief from these types of errors promotes "the statutory requirements of Section 254(h) of the Communications Act of 1934" and allows intended recipients to "realize the intended benefits of the universal service program."[35] Accordingly, for several years, the Commission has granted waivers to allow applicants to cure inadvertent oversights when the circumstances warranted same.[36] The Commission also stated its intention to apply the policy of allowing filers to cure inadvertent errors respecting the RHC Pilot Program.[37]

The Commission's rules,[38] the Form 466 instructions,[39] and the FAQ section of USAC's website,[40] each state that Forms 466 will be accepted by USAC until June 30, the end of FY16.

Section 54.702(c) of the Commission's Rules states that USAC does not have the authority to make policy or interpret unclear provisions of FCC rules.[41] Federal courts have acknowledged the limited role of USAC; acting in contravention of FCC rules is not permitted.[42]

---

[34] *See Request for Review of the Decision of the Universal Service Administrator by Bishop Perry Middle School, New Orleans, LA, et al., Order*, 21 FCC Rcd 5316 (2006) at ¶¶ 1-2 (emphasis added).
[35] *Id.* at ¶ 2.
[36] *See Request for Waiver and Review of Decisions of the Universal Service Administrator by Academy of Math & Science Tucson, AZ et al., Order*, 25 FCC Rcd 9256 (2010); *Request for Review Bradford Regional District Hemet, CA, Order*, 24 FCC Rcd 12725 (2009); *Request for Review Bradford Regional Medical Center, Order*, 25 FCC Rcd 7221 (2010).
[37] *See Rural Health Care Support Mechanism, Order*, 22 FCC Rcd 20360 ¶ 97 n.310 (2007) (*citing Bishop Perry* at ¶ 23).
[38] See 47 C.F.R. § 54.675(c)(4).
[39] *Exhibit Four* at 1.
[40] *Exhibit Five* at 1.
[41] *See* 47 C.F.R. § 54.702(c).
[42] *See e.g., In re Incomnet, Inc.*, 463 F3d 1064, 1072 (9th Cir. 2006) (*citations omitted).*

USAC's sudden and unilateral decision to cut off the acceptance and processing of Forms 466 after the second filing window was an arbitrary decision to create policy, and unlawfully contravenes the Commission rule stating that the deadline for submitting Forms 466 is June 30.[43]

Moreover, USAC's action violates the "fair notice" requirement that it and the FCC are bound to honor. Federal courts have held that the fair notice standard is determined "whether 'by reviewing the regulations and other public statements issued by the agency, a regulated party acting in good faith would be able to identify, with ascertainable certainty, the standards with which the agency expects parties to conform…'"[44]

The fact that the Commission's rules, the Form 466 instructions, and even sections of USAC's website list June 30 as the deadline for filing funding requests, USAC's refusal to accept any Forms 466 after November 30, 2016 represents the kind of prohibited "baffling and inconsistent fashion" of depriving a party of its rights under the rules that the U.S. Court of Appeals for the D.C. Circuit stated were prohibited, when it held that the FCC had failed to give fair notice of [an] interpretation and thus could not "use that interpretation to cut off a party's right."[45] There was no fair notice in these circumstances – a party acting in good faith by reviewing the Commission's rules, the Form 466 instructions and/or the FAQ section of USAC's website would conclude that the filing deadline was June 30.

C. The Commission Should Enable TCC to Obtain Full Funding for All Its HCPs.

TCC also requests that the Commission waive Section 54.675(f) of its Rules[46] so that USAC will release full RHC Program funding for all 30 of the HCPs in TCC's consortium.

---

[43] *See* 47 C.F.R. § 54.675(c)(4).
[44] *Trinity Broadcasting of Florida, Inc. v. FCC*, 211 F.3d 618, 628 (D.C. Cir. 2000) (*citations omitted).*
[45] *Id. (citations omitted).*
[46] 47 C.F.R. § 54.675(f).

USAC approved TCC's multiyear contract as an evergreen contract, and consequently all of TCC's HCPs were deemed eligible; full funding for them was earmarked by USAC.[47]

In the past, TCC had always received full RHC funding for each funding year, as long as it filed by June 30, in accordance with the pertinent Commission's rule which is still in effect.[48] The Commission's August 26, 2016 *Public Notice* raised the unlikely but possible *pro rata* situation for entities filing after the first filing window.[49] But this *Public Notice* was released *after* the first filing window was closed.[50]

TCC filed the Forms 466 for all its HCPs (except the HHC Clinics) during the second filing window. On April 10, 2017, USAC announced for the first time that all the funding for HCPs who filed during the second filing window would be pro-rated to 92.5% of the requested funding.[51] This funding reduction adversely affected all of TCC's rural health care clinics.[52]

TCC understands that USAC is directed, pursuant to Section 54.675(f) of the Commission's Rules, to prorate funding if the demand exceeds the amount allocated during a given filing window.[53] But the unusual circumstances here warrant waiver of this rule, as well as the other rules for which waiver is requested herein.

First, full funds were/are available for all of TCC's HCPs because of, among other things, TCC's USAC-approved evergreen contract. By virtue of USAC's authorization of the subject contract as evergreen, USAC deemed TCC an eligible RHC funding recipient for the entire term

---

[47] *See* 47 C.F.R. § 54.642(h)(4) and *Exhibit Three at 2.*
[48] *See* 47 C.F.R. § 54.675(c)(4).
[49] *See Public Notice* at 5.
[50] *Id.* at 4.
[51] *See Exhibit Two.*
[52] *See Exhibit One.* The HHC Clinics will be impacted if the Commission permits them to file their Forms 466, but does not grant the request for full funding. *Id.*
[53] 47 C.F.R. § 54.675(f).

of the contract: 2014-2019. USAC knew that it had to set aside the funds for evergreen contract holders; the funds were already earmarked for TCC. This is illustrated by language in the most recent Funding Commitment Letter to TCC on behalf of one of its HCPs: "Note that the funding end date will coincide with the contract expiration date."[54] Hence, USAC should fully fund TCC for FY16, no matter when it filed its Forms 466, as long as it filed before June 30, 2017.[55]

Second, TCC did not receive the required fair notice that USAC had planned to pro rate funding for every HCP, even evergreen contract parties, who filed during the second filing window.[56] It was not until April 10, 2017 that TCC had any idea that it would have had to file during the first filing window to obtain full funding.[57] If TCC had had fair notice prior to the end of the first filing window, it would have filed during that window. As of this filing more than three-quarters of FY16 is over, and TCC has no time to budget or adjust budgeting to limit the impact of USAC's action.

Third, USAC has the money to fully fund telecommunications services for TCC's HCPs. USAC's own funding information for FY16 shows that this is the case. The total amount of FY16 RHC Program funds is $387,242,870 ($400,000,000 minus $12,700,000+ for admin expenses). The total amount of pending funding commitments is $241,466,119 plus commitments made $131,023,258 = $372,489,377. Hence, $14,753,493 remains in the RHC

---

[54] *See Exhibit Three* at 2.

[55] TCC has received its 2016 funding commitment letters and has started the process of filing the form 467's for funding at the prorated level. Because funding has been delayed three quarters of the year already, TCC is filing the forms to avoid additional USAC funding delays. The filing of the form 467's does not constitute agreement that the pro-rated funding is final and reserves its right to petition for waiver of the applicable rule and believes USAC should fully fund its HCPs, for the reasons stated herein.

[56] *See Trinity Broadcasting* at 628.

[57] *See Exhibit Two.*

fund after paying the pending commitments and the commitments made. Plus, USAC has $35,280,855 in reserve for FY16.[58]

Commission precedent states that reviews/waivers such as this one can be granted, and will have a "minimal effect on the overall federal Universal Service Fund... because the monies needed to fund these appeals have already been collected and held in reserve."[59] Accordingly, USAC could use a small part of its $35,280,855 RHC Program reserve fund to pay TCC the requested $1,022,372.71 in eligible rural health care funding which is badly needed to provide services to its HCP's rural communities.

D. Waiver Serves the Public Interest Because USAC's Actions, if Upheld, Will Directly and Adversely Affect the Health Care Available to the Interior Region Alaska Natives.

TCC provides desperately needed health care services to Alaska Natives in extremely remote and hard-to-serve areas. Denial of TCC's request for RHC support would cause great hardship on TCC, which would not be able to purchase services from DRS or any other telecommunications service provider in the absence of RHC-funded discounts and subsidies. This would have a direct, substantial, and adverse impact on the Alaska Native populations TCC serves.

The $1,022,372.71 in RHC funding support that TCC seeks for eligible services received from DRS represents a substantial portion of the budget on which TCC relies to provide essential services to Alaska Native children, elders, and families throughout the Interior Region. Because the delay in filing the Forms 466 was due to administrative oversights, and because TCC did not have fair notice of the *pro rata* possibility until after the first filing window had closed, the

---

[58] See Funding Information – Rural Health Care – USAC.org. A copy of which is attached hereto as *Exhibit Six.*

[59] *Bishop Perry* at ¶ 2.

shortfall was unbudgeted and TCC will be forced to re-budget health care funds to make up for the unexpected loss. The amount would pay for, among other things: air ambulance emergency transports, physician visits to the HCP's villages, patent visits to mid-level providers, and preventative care.

The RHC Program is intended to ensure that rural health care providers are able to obtain affordable telecommunications services on the same basis as urban providers.[60] The program is part of a crucial national effort to promote and expand the use of telemedicine and to encourage rural health care connectivity. The Commission has found that "too many clinics and hospitals lack affordable access to broadband connectivity adequate to handle basic telehealth tasks, like transmitting an x-ray, MRI, or other electronic medical records, or consulting remotely with a doctor."[61]

This is precisely the connectivity for which TCC seeks support: connectivity that provides critical links between the remote villages in which the HCPs are located to TCC's Fairbanks clinic.

Telemedicine and other healthcare technologies, "usually grouped together under the name health information technology ("IT") offer the potential to improve health care outcomes while simultaneously controlling costs and expanding the reach of the limited pool of health care professionals."[62] Broadband, which "enables efficient exchange of patient and treatment information by allowing providers to access patients' electronic health records (EHRs) from onsite or hosted locations removes geography and time as barriers by enabling video consultation

---

[60] *See* 47 U.S.C. § 254(h)(1)(A).
[61] *See Rural Health Care Support Mechanism, Notice of Proposed Rulemaking,* 25 FCC Rcd 9371, 9475 (2010).
[62] *See Connecting America: The National Broadband Plan*, 50 CR 1 (2010) at 199.

and remote patient monitoring and provides the foundation for the next generation of health innovation and connected-care solutions," is essential to the cause.[63]

The Commission further stated that the aim is to encourage "maximum utilization" of health IT solutions.[64] To do so, the Commission should be willing to occasionally waive strict application of its rules to HCPs when, as here, waiver would serve the public interest by alleviating hardship on TCC and the Alaskan Native communities, and more effective implementation of the Commission's overall policy on the RHC Program would be effectuated on an individual basis.

E. The Special Circumstances in This Case Demonstrate Good Cause for Waiver.

Special circumstances exist in this case that support granting TCC its requested waiver. As discussed herein: (a) TCC's delays in filing the Forms 466 were the result of simple administrative errors[65] that should not result in a denial of funding;[66] (b) USAC provided inadequate notice that it would stop accepting Forms 466 after November 30, 2016, and that it would prorate funding;[67] and (c) TCC has an evergreen contract and USAC has the money to subsidize TCC as requested.[68]

Moreover, TCC has a solid record of complying with RHC Program rules and policies. For more than ten years TCC has been part of the RHC Program, and until this past year it had never missed a filing deadline. RHC has displayed diligence for several years; some inadvertent administrative errors during one Funding Year should not result in denial of funding.

---

[63] *Id.* at 201.
[64] *Id.* at 199.
[65] *Supra* pp. 10-11
[66] *See Bishop Perry* at ¶¶ 1-2.
[67] *Supra* pp. 10-11, 14-15.
[68] *Supra* pp. 15-16.

When TCC discovered its Form 466 filing error, it immediately contacted USAC. It attempted to work with USAC to resolve the issues, but USAC told TCC that there was nothing that can be done to assist them. TCC did not drop the matter, and immediately followed up by filing this waiver request with the Commission. In short, TCC was prompt and diligent in seeking to correct its error at every step.

The Commission is rightfully concerned with the efficiency and effectiveness of the RHC Program, and it seeks to prevent waste, fraud, and abuse in the program. Grant of this waiver will not in any way diminish the efficiency and effectiveness of the program, nor is there any risk of waste, fraud, or abuse.

As discussed herein, the Commission has granted waivers under similar circumstances, and due to the fact that USAC has more than sufficient money in reserve to enable full funding for TCC, grant of this waiver will have "minimal effect on the overall federal Universal Service Fund..."[69] Grant of this waiver will not result in any unwarranted gain for TCC; it is requesting only that it receive the funding for which it is eligible. All the money it receives through the RHC program is used for healthcare telecommunications services to serve its Alaska Native communities.

Recognizing the seriousness of this situation, TCC has implemented a quality control program to prevent missing any further filing deadlines and to ensure compliance with all USAC and Commission requirements going forward. TCC has increased the number of subject matter experts to keep track of the filing deadlines, ensure complete and accurate filings, and to file on time. TCC has also implemented a training program on USAC filing procedures; all of its subject matter experts are required to attend that training. Further, TCC has created a checklist

---

[69] *See Bishop Perry* at ¶ 2.

of all HCP locations and USAC filing requirements. More coordination with TCC's service provider is also being implemented. TCC's RHC Program training and compliance process will be documented, shared, and evaluated internally with a goal of continuous improvement to ensure complete conformance with all of its regulatory requirements.

TCC has a solid record of compliance and it is working diligently to fill in any gaps in its internal processes. TCC is working hard to ensure full compliance.

F. Congressional and Commission Policy Favor Grant of This Waiver Request.

Congress has repeatedly expressed its support for "assur[ing] the availability of adequate funds to address the unmet Indian health care needs."[70] Congress has stated:

> This Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.[71]

The Commission has also expressed strong support for ensuring that rural communities have access to quality health care. In a letter to Congress, FCC Chairman Pai stated, in regards to the RHC:

> That program provides funding to eligible health care providers (HCPs) for telecommunications and broadband services necessary for the provision of health care. I deeply appreciate the importance of these HCPs serving rural communities and the need for universal service funding in making sure all Americans have access to state-of-the-art healthcare. As the son of a doctor in Kansas, who often travelled many miles to see his patients, I am well aware of the difficulty so many in rural America have in getting adequate healthcare. I have long made ensuring the viability of the RHC program for rural participants a priority.[72]

III. CONCLUSION

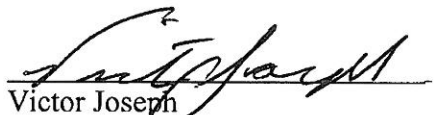
For all the foregoing reasons, TCC respectfully requests that the Commission reverse USAC's decision not to allow TCC to file its Forms 466 (tantamount to denial of funding) and to

---

[70] *See* S. Rep. No. 102-392 at 21 (1992), reprinted in 1992 U.S.C.C.A.N., 3943, 3962.
[71] *See* 25 U.S.C. § 1602(a).
[72] *See Chairman Pai's Response to Senators King, Collins, Shaheen, Hassan, Udall and Heinrich Regarding the Commission's Rural Healthcare Program* (Mar. 9, 2017).

prorate TCC's funding for all its HCPs; and grant waiver of the filing deadline and its other rules as stated herein, to enable TCC to obtain full funding to support eligible communications services from DRS. Denying this waiver request would result in severe hardship to the Alaska Natives of the Interior Region by preventing TCC from committing as many resources as possible to the provision of desperately needed health care services.

Respectfully submitted,



Victor Joseph
Chief / Chairman
Tanana Chiefs Conference
122 1st Avenue
Fairbanks, AK 99701

Date: April 28, 2017

VERIFICATION

I am the Chief / Chairman of the Tanana Chiefs Conference, and am authorized to make this verification on its behalf. The statements in the foregoing Request for Review and Waiver are true of my own knowledge, except as to matters which are therein stated on information or belief, and as to those matters I believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/28/17

Victor Joseph
Chief / Chairman
Tanana Chiefs Conference
122 1st Avenue
Fairbanks, AK 99701

EXHIBIT ONE

July 1 2016 - June 30 2017		
TCC Monthly Service		
Description	**HCP#**	**Prorated Funding Delta**
Allakaket Village Health Clinic	10715	**$ 6,086.36**
Evansville Village Health Clinic	10716	**$ 6,086.36**
Eagle Village Health Clinic	10717	**$ 6,086.36**
Louden (Galena) Village Health Clinic	10718	**$ 37,658.68**
Kaltag Village Health Clinic	10722	**$ 14,973.81**
Koyokuk Village Health Clinic	10723	**$ 14,973.81**
Manley Village Health Clinic	10724	**$ 14,973.81**
Minto Village Health Clinic	10726	**$ 14,973.81**
Nenana Village Health Clinic	10727	**$ 37,658.68**
Nulato Village Health Clinic	10729	**$ 22,510.92**
Northway Village Health Clinic	10730	**$ 12,309.01**
Rampart Village Health Clinic	10731	**$ 6,086.36**
Ruby Village Health Clinic	10732	**$ 22,510.92**
Stevens Village Health Clinic	10733	**$ 6,086.36**
Tetlin Village Health Clinic	10735	**$ 6,086.36**
Upper Tanana Health Clinic (Tok)	10736	**$ 30,073.14**
Chief Andrew Issac - FAI-ANC Link	10737	**$ 8,697.36**
Dot Lake Village Health Clinic	10738	**$ 6,086.36**
Alatna Village Health Clinic	10739	**$ 6,086.36**
Circle - CATG	11011	**$ 6,086.36**
Tanacross Health Clinic	12804	**$ 6,086.36**
Anaktuvuk Pass Counseling Center	15464	**$ 12,309.01**
Tanana Health Clinic	15465	**$ 22,510.92**
Allakaket Mental Health Clinic	16362	**$ 6,086.36**
UTHC to Tok	10736	**$ 1,362.89**
Tok Area Mental Health	176991	**$ 1,362.89**
Healy Lake Health Clinic	10719	**$ 6,086.36**
No 466		
Hughes Village Health Clinic	10720	**$ 13,662.90**
Huslia Village Health Clinic	10721	**$ 21,334.33**
Chalkyitsik - CATG	11022	**$ 12,309.01**
		$389,202.22

EXHIBIT TWO

From: USAC Rural Health Care Program [mailto:outreach@usac.org]
Sent: Monday, April 10, 2017 1:28 PM
To: Maki, Joshua (Josh)
Subject: New MessageFY2016 September – November Filing Window Period Funding Information and Pro-Rata Factor Announced

Total Qualifying Funding Requests Exceeded the Total RHC Program Funding Available for FY2016 September – November Filing Window Period
View this message as a web page - Manage my subscription - Opt in

FY2016 September - November Filing Window Period Funding Information and Pro-Rata Factor Announced

After review of funding request forms (FCC Forms 462 and 466) received during the second filing window period for FY2016 (i.e., September 1 – November 30, 2016), USAC will begin issuing funding commitments today, based on the total dollar value of all qualifying funding requests received during the September – November filing window period. All qualifying funding requests received in this filing window period will be pro-rated at 92.5% (reduction of 7.5%). The exact amount of funding each qualifying funding request will receive will be detailed in the funding commitment letters (FCLs).

The RHC Program team appreciates your patience over the past few months as we conducted our review of the FCC Forms 462 and 466 and determined the total dollar value of qualifying funding requests received during this filing window period.

Pro-rata Factor and Commitments for the FY2016 September – November Filing Window Period

The total dollar value of all qualifying funding requests for the September 1 – November 30, 2016 filing window period was $274,725,249. Because this amount exceeds the RHC Program funding available of $254,255,017 at the beginning of the September – November filing window period, funding requests submitted during this filing window period will receive a pro-rated percentage of the qualifying funding requested. The pro-rata percentage for the FY2016 September – November filing window period is 92.5% (reduction of 7.5%). The exact amount of funding each qualifying funding request will receive will be detailed in the FCLs. Please be sure to review the FCL and verify that all information is accurate.

All qualifying requests submitted prior to the September – November filing window period will receive 100% of the requested funding.

For more information:

- View the FY2016 funding webinar recording
- Read about the calculation of the pro-rata factor for the September – November filing window period
- See FY2016 Funding Information

Need Help? Contact Us!
If you have any questions about the FY2016 pro-rata factor and how it was calculated please contact our RHC Help Desk by email at RHC-Assist@usac.org.

This message was sent to jmaki@drs.com from: USAC Rural Health Care Program, outreach@usac.org,
Universal Service Administrative Co. | 700 12th Street NW, Suite 900 | Washington, DC 20005

Manage Your Subscription

EXHIBIT THREE

Rasmussen, Renae

From: rhc-assist@usac.org
Sent: Wednesday, April 12, 2017 12:29 AM
To: Rasmussen, Renae
Subject: RHC Telecommunications Program - Funding Commitment Letter (FCL) - HCP # 15465 - FRN 16986871

Date:	11-Apr-2017
Program:	Telecommunications Program
Funding Year:	2016
Health Care Provider (HCP) Name:	Tanana Health Center
HCP Number:	15465
HCP Contact Name:	Joshua Peter
HCP Contact Email:	joshua.peter@tananachiefs.org
HCP Contact Phone:	(907) 452-8251
FCC Form 465 Application Number:	43146323
Funding Request Number (FRN):	16986871

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program completed the review of the Funding Request and Certification Form (FCC Form 466) submitted on behalf of the HCP referenced above. Based on the information provided, USAC determined that the HCP is eligible for the funding shown below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location:	**40 River Street, Tanana, AK, 99777**
Service Type:	**Microwave Service**
Bandwidth:	**15 Mbps**
Service Provider Name:	**DRS Technical Services Inc.**
SPIN/498 Filer ID:	**143021118**
Billing Account Number:	**tcctanana**
Contract ID:	**769451**
Contract Friendly Name:	**DRS WAN 20141201**
Contract Expiration Date:	**30-Nov-2019**

Funding Start Date	Funding End Date	Months of Funding	Non-Recurring Funding Amount	Monthly Recurring Funding Amount	Total Funding Amount	Committed Funding Amount*
01-Jul-2016	30-Jun-2017	12.00000	$0.00	$25,106.00	$301,272.00	$278,761.08

The pro-rata factor for this filing window period is 92.52804%*

*This funding request was submitted during the FY2016 Filing Window 2 period. All qualifying requests (i.e., FCC Forms 466) submitted by the close of the filing window period are guaranteed to receive at least a

percentage of the funding requested. For each filing window period, if the total demand for RHC Program funding exceeds the total remaining funding available for the funding year, USAC will apply a pro-rata factor to each funding request. Learn more about funding request filing window periods here.

Note that the funding end date will coincide with the contract expiration date. Therefore, if the contract ends during this funding year, the HCP must participate in competitive bidding before selecting a new service provider (or continuing formerly contracted services on a month-to-month basis) to be eligible for funding for the entirety of the funding year.

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received this FCL, and it is saved in the *My Documents* section of *My Portal.*

Contract/Service Agreement Endorsement Determination: Evergreen

Evergreen: For the life of the contract, the HCP is exempt from competitive bidding for the service(s) identified above, and therefore is not required to post a FCC Form 465 (Description of Services Requested and Certification Form). However, the HCP must submit the FCC Form 466 (and the FCC Form 467) to receive funding each year.[1]

The Evergreen endorsement and competitive bidding exemption end when the contract expires. The HCP must participate in competitive bidding at the expiration of the contract. This means that the HCP must post a new FCC Form 465 and wait 28 days before selecting a new service provider (or when continuing the formerly contracted service on a month-to-month basis). Funding Requests (FCC Form 466) must be subsequently submitted in all cases.

If, at any time, the funded services are not provided to the HCP, or the HCP is not otherwise receiving the approved funding, the HCP must notify USAC immediately.

The HCP entered Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, and 467 may be subject to audit by USAC and the FCC.[2] HCPs are subject to audits and other reviews that USAC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s) is not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by USAC and other appropriate federal, state, and local authorities.

Next Steps

Submit an FCC Form 467 (*Connection Certification Form*), which confirms receipt of the services for which funding has been approved, and the date on which the service provider began providing those services (and when those services ended, if prior to the end of the funding year). To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or FRN, and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS means that the service provider must begin crediting the HCP for the funding amount (if it has not yet done so) and may begin to invoice USAC.

Errors and Corrections:

If the funding amount, funding dates, or contract information is incorrect or missing, please contact the Rural Health Care Program Help Desk immediately by phone at (800)-453-1546 or by email at RHC-Assist@usac.org.

Appeals:
Before appealing a funding decision, contact the RHC Help Desk. To appeal this funding decision, deliver a letter of appeal to USAC within 60 days of the date of this letter. Detailed instructions for filing appeals are available at: http://www.usac.org/about/about/program-integrity/appeals.aspx. Details about and definitions of all terms used in this FCL are provided on the USAC website (www.usac.org/rhc).

For More Information:

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, contact the Rural Health Care Program Help Desk at (800)-453-1546 or by email at RHC-Assist@usac.org.

For more information about the Telecommunications Program application process, refer to the Telecom Program Process Overview web page on the USAC web site at http://www.usac.org/rhc/telecommunications/process-overview/default.aspx/.

For more information about the FCC Form 467, visit the Telecommunications Program Forms web page at http://www.usac.org/rhc/telecommunications/tools/forms/.

The primary account holder will be copied on this and all correspondence from USAC related to this HCP.

---

[1] 47 C.F.R. 54.623(d).
[2] 47 C.F.R. 54.619(c).

EXHIBIT FOUR

Approved by OMB
3060—0804
Estimated time per response: 3 hours
July 2014

Form 466 Instructions

Rural Health Care Universal Service Mechanism[1]

PURPOSE OF FORM

The universal service support program for rural health care providers enables telecommunications carriers to provide service to rural health care providers (HCP) at reduced rates. Form 466 is the means by which an applicant identifies the telecommunications service, rates, carrier(s), and the date(s) of carrier selection. The applicant must submit one Form 466 for each service (i.e., circuit) for which the HCP is seeking a reduced rate. The Rural Health Care Division (RHCD) cannot commit Universal Service funds for the benefit of the HCP until Form 466 is received.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File

Only the HCP or its authorized representative may file Form 466.

HCPs cannot receive support directly from the universal service fund. Rather, HCPs may receive the benefit of reduced rates for telecommunications service from their selected telecommunications carriers, who will be compensated for the reduced rates by the Universal Service Rural Health Care Support Mechanism.

When to File

Beginning with Funding Year 2004 (July 1, 2004-June 30, 2005), the FCC has set the June 30th end of the funding year as the deadline by which all Form 466s must be submitted. RHCD cannot accept Form 466s for a funding year after the June 30th end of that funding year.

Although RHCD will accept Form 466 and accompanying documentation at any time during the funding year, an HCP should strive to submit its Form 466 during the "initial funding request filing period." The "initial filing period" is a period during which all Forms 466 received by RHCD will be treated as if they had arrived on the first day for purposes of funding priority. The opening and closing dates of the initial filing period are announced each year on the RHCD website. Forms received after the close of the initial filing period will be processed and prioritized according to the date of receipt by RHCD. RHCD will continue to accept and process Forms 466 throughout the funding year, until RHCD reaches the annual funding cap established by the FCC.

Please note that there are certain prerequisites to completing Form 466. The HCP or its authorized representative must select the carrier(s) before completing Form 466. However, **to satisfy the FCC's competitive bidding requirement, an HCP must wait at least 28 days after the descriptions set**

---

[1]Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at http://www.fcc.gov/cgb/rural/rhcp.html, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at http://www.usac.org/rhcp/default.aspx and on the Federal Communications Commission's website at http://www.fcc.gov/cgb/rural/rhcp.html. Note, Pilot Program participants are instructed to complete FCC Form 466-A, not FCC Form 466.

forth in the HCP's Form 465 are posted on the RHCD website, before signing a contract or otherwise selecting the telecommunications carrier(s) to provide the services. RHCD will send a "Receipt Acknowledgement Letter" to each applicant who submits a Form 465. This letter will expressly identify the **earliest** date (Allowable Contract Selection Date) on which the HCP may sign an agreement or otherwise select a carrier to provide services to the HCP.

Where to File

The FCC Form 466 must be filed with the Rural Health Care Program online through the online application system, My Portal (https://forms.universalservice.org/usaclogin/login.asp).

DO NOT FILE THIS OR ANY UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance

Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Where to Get More Information

You may contact RHCD at (800) 453-1546 for more information on how to complete this and other universal service forms. Information is also available on the RHCD website at www.usac.org/rhc.

SPECIFIC INSTRUCTIONS FOR FILING FORM 466

Type or print clearly in spaces provided. Attach additional sheets if necessary.

Block 1: HCP Information

Block 1 will help the applicant and RHCD identify each Form 466 filed.

Line 1 requires providing the HCP name. This name must be used consistently on all universal service forms (i.e., Forms 465, 466, 466-A, and 467). The HCP name should match the HCP name in Line 3 of Form 465.

Line 2 requires providing the HCP number. The HCP number is a unique identifier given by RHCD to each HCP applying for support. RHCD will assign an HCP number to each new applicant upon receipt of the Form 465. The HCP number entered on Line 2 must match the HCP number in Line 1 of the associated Form 465.

Line 3 requires providing the Form 465 Application Number. The Form 465 Application Number should match the Form 465 Application Number at the top of the Form 465.

Line 4 requires providing the name of the consortium, **if the HCP is a consortium member**. Leave Line 5 blank if the HCP is not a consortium member. If an HCP belongs to more than one consortium, it may have different points of contact, different connections, and different billing numbers. **In such a case, it is essential that different consortia names and different Bill Payer Information be provided to avoid processing delays.**

Block 2: Bill Payer Information

Line 5 requires providing the billed entity's name. The "billed entity" is the entity that actually pays the bills of the service provider for the HCP. It may be the HCP itself, or it may be a "parent" organization or consortium to which the HCP belongs.

Line 6 requires providing the Billed Entity's FCC Registration Number (FCC RN). All participants in the Rural Health Care Program must have an FCC RN to be eligible for participation. Information on how to get an FCCRN is available on the FCC website at www.fcc.gov.

Line 7 requires providing the name of a contact person at the billed entity location. This person should be able to answer questions or verify the information submitted on this form, in the event that RHCD needs to contact the billed entity during the application process.

Lines 8-15 require providing the contact person's mailing address, city, state, ZIP code, telephone number, fax number, and email address.

Block 3: Funding Year Information

Line 16 requires indicating the funding year (July 1 through June 30) for which the HCP is requesting support. Check ONLY one box. This information should match the information in Block 3 Line 26 of the Form 465 for the same funding year.

Block 4: Service Information

Line 17 requires identifying the services for which the HCP is seeking reduced rates, and the circuit bandwidth if applicable. If ordering multiple circuits, *e.g.*, 2 T-1s, the applicant must file a separate Form 466 for each circuit. The HCP must submit to RHCD a bill, contract, service offer or letter from the telecommunications carrier, which clearly identifies the service, bandwidth, and cost for which support is requested. The submitted document must be dated, and the date must be within the funding year for which support is requested. If the applicant does not have such documentation, or is unsure of the type of service or bandwidth, contact the service provider representative for clarification.

Line 17 is also used by an HCP seeking support for long distance toll charges to reach an Internet service provider, if the HCP does not have toll-free Internet access. Such support may equal the lesser of $180 or 30 hours of toll charges per month. To receive this support the HCP need not be located in a rural area, but must demonstrate the lack of toll-free Internet access and be an eligible health care provider. Only telecommunications toll charges, not support for monthly Internet access, can be so requested on Form 466. (Form 466-A is used to request support for Internet access charges). Any HCP using Form 466 to request such toll charge support should contact RHCD at (800) 453-1546 for assistance in how to document the need for such support.

Line 18 requires entering the total billed miles. Total billed miles must always be entered, for both mileage-based charges requests and comprehensive rate comparison requests. Billed miles identify the miles for which the service provider requires the payment of mileage charges. **Total billed miles are the sum of all miles billed by all telecommunications carriers as described in Line 36 or Line 42**

below. For instance, if one service provider bills for 100 miles and a second service provider bills for 150 miles, the total billed miles are 250 miles.

If a service provider bills for interoffice mileage only, the total billed miles will equal the interoffice portion of the circuit. If a service provider charges for local channel mileage and interoffice mileage, the total billed miles will equal the interoffice channel(s) mileage plus the local channel(s) mileage. **Billed miles are determined by and may be obtained from your service provider if you do not have this information.**

Line 19 requires entering the Maximum Allowable Distance (MAD) for the HCP. This is the maximum circuit distance for which support can be provided. The MAD is the distance from the HCP's location to the farthest point on the jurisdictional boundary of the largest city in the HCP's state. (Before July 1, 2004, the MAD was calculated from the HCP's location to the nearest large city of population 50,000 or more in the HCP's state. The Maximum Allowable Distance is determined by RHCD when Form 465 is posted initially on the RHCD website and will be shown on Line 8 following the HCP's County Name on the posted Form 465 on the RHCD website at www.usac.org/rhc.

Line 20 requires entering the percentage of the circuit in Line 17 that is used by the HCP for the provision of health care. If the percentage is less than 100%, briefly explain in the lines below how the percentage was derived (time of use, number of uses, bandwidth used, etc.).

The FCC has determined that non-profit entities functioning as eligible health care providers on a part-time basis are eligible for prorated support from RHCD commensurate with their provision of eligible health care services. These part-time non-profit rural health care clinics are eligible to receive supported services during the time that they function as a rural health clinic, even when they are associated with ineligible entities such as nursing homes, hospices, or other long-term care facilities.

The FCC also determined that dedicated emergency departments in rural for-profit hospitals constitute eligible rural health clinics, and as such are eligible for prorated RHCD support. These facilities must have indicated that they are a "dedicated emergency department of a rural for-profit hospital" on their Form 465.

If the applicant indicated on Line 27of Form 465 that it is a "part-time eligible entity," Line 20 should be used to explain how the prorated support portion was determined.

Connection Information

The Connection Information section requires information about each of the connections that together comprise the entire circuit. Most circuits only contain one connection (i.e., one service provider for the entire circuit). If the HCP's circuit contains one connection, complete only the first column. However, some circuits contain multiple connections. There are usually multiple connections when there are multiple bills (i.e., more than one service provider) for the same circuit.

This form accommodates up to four service providers. The information for each connection should be entered in separate columns. Carrier A must be the service provider that provides the segment of the circuit connecting directly to the HCP. Carrier B should be the service provider for the next segment, Carrier C is service provider for the next and Carrier D is service provider furthest from the HCP.

Line 21 requires providing the full legal name of the selected service provider. Provide a service provider name for each segment of the circuit.

Line 22 requires entering the 9-digit Service Provider Identification Number ("SPIN") for the service provider(s) listed in Line 21 above. Each service provider should provide its SPIN upon request.

Line 23 requires providing the name of a contact person for the service provider. This person should be able to answer questions or verify rates or other information provided on this form, in the event that RHCD needs to contact the service provider during the application review process.

Line 24 requires providing the telephone number of the contact person for the service provider(s).

Line 25 requires providing the email address of the contact person for the service provider(s).

Line 26 requires providing the address of the physical location where each service provider's circuit starts.

Line 27 requires providing the address of the physical location where each service provider's circuit terminates.

Line 28 requires providing the account number that the service provider has created to bill for the service. This information will help the service provider apply the credit to the proper account. Often, this is called the billed telephone number ("BTN") associated with the service. If there are multiple account numbers for a particular service, provide one main number. If the service has been established, the applicant should be able to find the account number on past bills, or the account number may be requested from the service provider. If the carrier has not yet established an account number for a new service, ask the service provider for a "pre-account" identifier for the service, and use that identifier.

Line 29 requires providing a tariff, contract, or other document identification number for each segment of the circuit. Please contact the service provider representative and ask him/her for a contract or tariff reference number, if the applicant does not have this information. If the HCP is receiving service based upon a master contract signed by a state, regional, or local procurement agency, use either the master contract number or the number of the specific purchase agreement for the HCP's service under the master contract. If the HCP is receiving service under a contract, a copy of the contract must be attached to the Form 466.

Line 30 requires identifying the date the HCP or its authorized representative entered into an agreement with a service provider, or the date the HCP or its authorized representative otherwise selected the service provider. For instance, this may be the date the HCP or its authorized representative signed a contract or requested that the service be installed.

The HCP or its authorized representative **must not select a service provider** or enter into a contract or purchase agreement with a service provider until at least 28 days have elapsed since the Form 465 was posted on the RHCD website. This is the Allowable Contract Selection Date (ACSD). An HCP with existing service may continue to receive (non-supportable) service during the 28-day posting period, but must not select a service provider to continue the service beyond the ACSD until the ACSD. Entering into an agreement prior to the ACSD could disqualify the HCP from receiving benefits under the universal service support mechanism for services under those agreements. If an HCP signs a long-term contract after their ACSD, they will be exempt from the 28-day posting for the original term (no optional extensions) of the contract. However, applicants are encouraged to post Form 465 each year, since reliance on an expired, or otherwise inadequate or non-binding contract to avoid the 28-day posting requirement could result in denial of support.

Line 31 requires entering the date (mm/dd/yyyy) the contract expires (not counting any optional extensions). For tariff services identified as such in Line 29, enter "NA" for month-to-month (MTM) service.

Line 32 requires entering the date the service started or was installed, or for a new service, the date the applicant expects it to start.

Line 33 requires entering the amount the HCP pays per month, or the amount the HCP expects to pay per month for the service. This information should be taken from the service provider's bill, or from the new service offer or contract received from the service provider. The applicant must submit to RHCD a bill, contract, service offer or letter from the service provider, from which this information was taken. Please exclude from this amount any toll (per minute) charges, equipment charges, or other non-eligible charges that may be on the bill. Taxes and regulatory or related fees incurred in obtaining telecommunications service, which are assessed as a percentage rather than a fixed per line or per account charge, may be included in the rural rate for which support is requested. However, as noted below, the same taxes or fees must be included in the urban rate used for comparison.

Line 34 requires providing a circuit diagram if the HCP is part of a consortium or has multiple service providers for the service. The diagram need not be detailed, but must identify the individual sites and service providers, so RHCD can verify there is no overlap in support requests from multiple consortium members or multiple carriers involved in the service.

Line 35 requires the applicant to indicate if the HCP is a mobile rural health care provider. If not, check "NO" and proceed to Block 5. If the HCP is a mobile rural health care provider, check "YES" and provide an attachment listing the names and full addresses of all sites expected to be served by the mobile HCP during the funding year. For each site, indicate the expected schedule and duration of visiting each site. The HCP must verify that each of the sites is rural, or prorate the support request to cover only the time when the mobile health care provider will operate in a rural area. The HCP must maintain records of the supported services, any proration of support, and sites served for five years.

Block 5: Mileage-based Charge Discount Request

Block 5 of Form 466 requires information about monthly mileage charges billed by the service provider. An HCP may choose to calculate support based on mileage only in Block 5, or the actual urban/rural rate difference in Block 6, but not both. **Complete either Block 5 or Block 6, depending on which is easier or provides the most support. RHCD cannot make that determination for an HCP. Processing of an application may be delayed if both Blocks are completed or support may be less than expected because RHCD will process the request using the information in only one of the blocks, which may not be what the HCP expected.**

Block 5 presumes that most of the disparity between urban and rural rates is due to distance-based charges. Thus, HCPs may be able to simplify their applications by requesting support for only the distance-based charges for their service, which constitutes most or all of the urban/rural difference in the cost of their selected service.

Line 36 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18. If the billed miles exceed the MAD (Line 18 exceeds Line 19), RHCD will limit supportable mileage to the MAD. The Standard Urban Distance (SUD) for the HCP's state will also be deducted from supportable billed miles. (Standard Urban Distances can be found on the RHCD website.)

Line 37 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 36. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should

include taxes and regulatory fees that are applied as a percentage of the per mile charge. If the service has been established, the monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider's representative for mileage charge information. If the amounts on Line 37 and Line 33 are identical, please consult the service provider, because non-mileage charges may be incorrectly included on Line 37. If the service provider affirms that under their rate structure, the HCP does not pay any fixed, non-mileage charge for the service, please enclose documentation from the service provider certifying to that effect. The application cannot be processed without such documentation if the amounts on Line 37 and Line 33 are identical, as it will be presumed that the form contains incorrect information.

Line 38 requires entering the cost per mile per month (e.g. $11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are $10 per mile and the next 25 miles are $5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 36 and 37, that is, the applicant should be able to derive monthly mileage charges (Line 37) by applying the cost per mile information on line 38 to the billed miles on Line 36.

Block 6: Comprehensive Rate Comparison Request

If the applicant completed Block 5, do not complete Block 6. If both Blocks are completed, processing of the application may be delayed or support may be less than expected. If a service provider's rural rates are greater than urban rates for reasons that are not just due to mileage, the HCP may choose to use a comprehensive rate comparison of all elements of the service to determine the supportable urban/rural difference.

Line 39 requires entering the one-time urban rate charge for the service listed in Line 17 **in any large city in the HCP's state** with a population of 50,000 or more. The one-time urban rate charge is the amount a service provider would charge to install the service in that large city. This should be documented in the same manner as for Line 40 below.

Line 40 requires entering the actual one-time rural rate charge for the service listed in Line 17. The one-time rural rate charge is what the service provider will charge the billed entity to install the service listed in Line 17. If service was installed before the Allowable Contract Selection Date, the HCP is not eligible to receive installation support and Lines 39 and 40 blank should be left blank.

Line 41 requires entering the monthly urban rate for the service listed in Line 17. Prior to Funding Year 2004, urban/rural rate comparison required the services to be as identical as possible. However, the FCC has now determined that comparability of urban and rural services may be based on functionality, from the end user's perspective. That means the urban service type and bandwidth should functionally match the actual service for which support is requested, even if the services are not identical.

For RHCD purposes only, the FCC created "safe harbor" categories of functionally equivalent services based on the advertised speed and nature of the service:

- Low 144-256 kbps
- Medium 257-768 kbps
- High 769-1400 kbps
- T-1 1.41-8 mbps
- T-3 8.1-50 mbps

Telecommunications services will be considered functionally similar when operated at advertised speeds within the same category (see above) and when the nature of the service is the same (symmetrical or asymmetrical). For example, a symmetrical fractional T-1 service operating at an advertised speed of 144 kbps would be considered functionally similar to a symmetrical DSL transmission service with an advertised speed of 256 kbps.

For HCPs seeking support for satellite service where a less expensive wireline service would be available, the amount of support for satellite is capped at the amount the HCP would receive for a functionally similar wireline service. HCPs seeking such support must document the urban and rural rates for the functionally similar wireline service. For example, if an HCP pays $10,000 per month for satellite service and the rural rate for a functionally similar rural wireline service is $1,500 per month while the comparable urban rate is $500 per month, the HCP could receive $1,000 per month in support for the satellite service. However, this limitation on support does not apply to mobile health care providers who can demonstrate that although wireline service might be available, satellite is a more cost-effective option over the course of a funding year in view of their mobile nature and the need for multiple changes to a wireline connection.

If an applicant procures service on a month-to-month rate, the comparison urban rate should be a month-to-month rate, whereas if the rural rate is for a multi-month contractual obligation of the HCP, the urban rate should use the same multi-month commitment. HCPs that procure service under a master contract that does not obligate the HCP to a multi-month commitment should base the urban rate on month-to-month service.

Applicants MUST document the urban rate. However, the RHCD website provides a "safe harbor" urban rate for many services and many locations. If an urban rate is on the RHCD website for the selected service in the HCP's state, the HCP can use that rate as documentation. An HCP may also document the urban rate offered by any common carrier in any large city of 50,000 or more in the HCP's state. An HCP may do this to show a lower urban rate (meaning a larger urban/rural rate difference and more support), or the HCP must do this if the RHCD website does not list an urban rate for the selected service/bandwidth in the HCP's state. When an HCP submits its own urban rate documentation, the urban rate should price a circuit of the Standard Urban Distance (SUD) in the HCP's state. (The SUD can be found on the RHCD website). Check the appropriate box on line 41 to indicate that other rate documentation is being submitted. **Documentation may include tariff pages, contracts, a letter on company letterhead from the urban service provider, rate pricing information printed from the urban service provider's website, or similar documentation** showing how the urban rate was obtained. The source of the documentation and the date must be clearly identifiable on the document. Please use arrows, circles, or otherwise point out the exact numbers or rates on which the rate comparison is based. (Do not use "highlighter" that will not copy). Tariff pages, without annotations and without carrier identification, are not acceptable. Please include only summary pages where possible.

If taxes and regulatory or related fees are included in the rural rate for which support is requested, the same taxes or fees must be included in the urban rate used for comparison. Taxes and fees are NOT included in the urban rates on the RHCD website, so if an applicant uses RHCD's posted urban rates, the tax or fee percentages that apply to the rural rate must be applied to the urban rate in the support calculation. Unless an applicant's supporting documentation makes it clear that taxes or regulatory fees are assessed as a percentage rather than as fixed, per line assessment, RHCD will not include them in the support calculation.

Lines 42 to 44 need only be completed if Line 18 exceeds Line 19, that is, if the HCP's billed mileage exceeds the Maximum Allowable Distance, in which case support must be reduced by the cost-per-mile times the excess miles. (Note that Lines 42 to 44 are identical to Lines 36 to 38. If Lines 36 to 38 were completed, DO NOT complete Lines 42 to 44, because only Block 5 or Block 6, but not both, should be completed.)

Line 42 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18.

Line 43 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 42. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should include taxes and regulatory fees that are applied as a percentage of the per mile charge. Monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider representative for mileage charge information.

Line 44 requires entering the cost per mile per month (e.g. $11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are $10 per mile and the next 25 miles are $5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 42 and 43, that is, the applicant should be able to derive monthly mileage charges (Line 43) by applying the cost per mile information on Line 44 to the billed miles on Line 42.

Block 7: Bid Documentation

Line 45 requires confirmation of whether or not bids were received for the services requested. If bids were received, the applicant must submit copies to RHCD. **For identification purposes, write the HCP number on the first page of each bid copy.**

Block 8: Certification

Line 46 requires certification that the HCP or its authorized representative has considered all bids received (see Line 45) in response to the RHCD website posting of the HCP's Description of Services Requested and Certification Form (FCC Form 465). Line 46 also requires the applicant to certify that the HCP or its authorized representative has selected the most cost-effective method of providing the requested service(s). The most cost-effective service is defined in the FCC's *Universal Service Order*[2] as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the HCP deems relevant to choosing a method of providing the required health care services.

Line 47 requires certification that the HCP satisfies each of the specific requirements set forth in Form 466 and its instructions, and that the HCP will abide by the relevant requirements of 47 U.S.C. § 254.

Line 48 requires certification that the billed entity will maintain records necessary to document compliance with all Commission rules, including complete billing records for the service provided to the HCP at reduced rates, for a period of five years. Such records will be needed if the HCP is subject to audit, as provided by 47 CFR 54.619. Service providers shall also retain documents related to the delivery of discounted telecommunications and supported services for at least five years after the last day of the delivery of discounted services.[3]

---

[2] *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9134 (1997), as corrected by Federal-State Joint Board on Universal Service, Errata, CC Docket No. 96-45, FCC 97-157 (rel. June 4, 1997) (Universal Service Order) (subsequent history omitted).

[3] 47 C.F.R. § 54.619(d); *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-195, 02-60, 03-109, CC Docket Nos. 96-45, 02-6, 97-21, Report and Order, 22 FCC Rcd 16372, 16385, at para. 26 (2007) (*Comprehensive Review Report and Order*).

Line 49 requires certification that the person signing the Form 466 is authorized to submit the information contained in the Form 466 on behalf of the HCP, and that the information contained in the Form 466 is true to the best of his/her knowledge, information, and belief. *Persons willfully making false statements on this form may be punished by fine, imprisonment, or forfeiture under federal law.*

Line 50 requires the authorized person to sign his/her name to certify all of the information contained in Form 466 and all attachments.

Line 51 requires the authorized person signing to identify the date that the Form 466 was signed. **Line 52**

requires the printed name of the authorized person signing Form 466.

Line 53 requires the authorized person signing to identify his/her title or position.

Line 54 requires the name of the organization employing the signer of Form 466.

Line 55 requires the FCC RN of the organization employing the signer of Form 466.

REMINDERS

- An applicant may not sign Form 466 until **after** Form 465 has been posted on the RHCD website for 28 days.
- The person signing the Form 466 must be authorized to provide the information required by Form 466 on behalf of the HCP, and must sign and date the form.
- The applicant must provide data for all items that apply. Incomplete applications will result in processing delays. Include additional information as supporting documentation if necessary. Any attachments to Form 466 must be clearly labeled.
- The applicant must submit the required documentation of the service or cost.
- If the applicant checked *Other rate* on Line 41, thereby indicating that he/she is submitting an urban rate other than the one provided on the RHCD website for the HCP's large city, the applicant must submit the required documentation to support the rate submitted.
- If the applicant answered *Yes* to Block 7 Line 45, copies of the bids received in response to the Request for Services must be submitted.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by

the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

EXHIBIT FIVE

Universal Service Administrative Co. Universal Service Administrative Co.

USAC Home | Rural Health Care Program | Telecommunications Program | Frequently Asked Questions (FAQs)

FREQUENTLY ASKED QUESTIONS (FAQS)

Show All Answers

Funding Year

Q1: When can I apply for support for each funding year?

Q2: I have submitted an FCC Form 465. What do I do next?

Q3: What other documentation do I need to send in with the FCC Form 466?

Q4: Where do I enter the rural rate for the urban/rural rate comparison?

Q5: How do I obtain the urban rate?

Q6: How do I e-certify my form?

Q7: Can I submit the prefilled form as-is if there are no changes?

Q8: I've electronically certified my FCC Form 466. Now what?

Q9: What is acceptable documentation?

Q10: Does the bill have to be signed? Must it be an original copy? How recent should it be?

Q11: How do I submit my documentation?

Q12: Is there a deadline for applications?

A12: Forms must be received by RHC in time to meet program year requirements. The absolute deadline to submit an FCC Form 466 is June 30, the end of the funding year. Although FCC Forms 465 and 466 may be filed at any time during the funding year, all forms received by RHC during the form Filing Window will be treated as if they had arrived on the same day for purposes of funding priority.

Back to top

Q13: If an HCP is receiving support during the current funding year, how can it ensure there will not be an interruption of support for the upcoming funding year?

EXHIBIT SIX

Universal Service Administrative Co. Universal Service Administrative Co.

FUNDING INFORMATION

Funding Information Archive

The Rural Health Care (RHC) Program has a cap of $400 million per funding year to provide support for telecommunications and broadband services for eligible healthcare providers through the Telecommunications (Telecom) and Healthcare Connect Fund (HCF) Programs. Of the $400 million in funding, up to $150 million per funding year is available to support upfront payments and multi-year commitments under the HCF Program. Annual administrative expenses, representing the amount necessary for USAC to administer the RHC Program, are deducted from the annual cap to determine the total funding available per funding year.

For FY2016, USAC is now reporting "Total Funding Requests Received," and "Total Amount of Qualifying Funding Requests," instead of solely reporting on the "Commitment Requests Received" as done previously. "Total Funding Requests Received" more accurately reflects the original total funding amount as requested by applicants, and "Total Amount of Qualifying Funding Requests" describes the total qualifying funding after adjustments have been made by USAC.

The total dollar value of qualifying funding requests for March 1 – August 31, 2016 was $133,044,983. Because this dollar amount was lower than the total amount available for the RHC Program for the funding year, qualifying funding requests submitted during that time will receive 100% funding.

The total dollar value of qualifying funding requests for the September 1 – November 30, 2016 filing window period was $274,725,249. Because this dollar amount exceeded the total amount available for the RHC Program at the beginning of that filing window period, each qualifying funding request submitted during that time will receive a pro-rated amount of 92.5% of the qualifying funding request.

View previous funding years' HCF Program funding commitments and disbursements.
View previous funding years' Telecom Program funding commitments and disbursements.

FY2016 Funding Information

RHC Program Funding – FY2016	Funding Requests Received March 1 – Aug. 31, 2016 (Before Sept. 1 – Nov. 30, 2016 Filing Window Period)*	Funding Requests Received During Sept. 1 – Nov. 30, 2016 Filing Window Period		FY2016 Total
RHC Program Cap	$400,000,000	$400,000,000		$400,000,000
USAC Administrative Expenses	$12,700,000	N/A		$12,700,000
RHC Program Funding Available	$387,242,870**	$254,255,017		$387,242,870**
Total Funding Requests Received	$161,755,861	$394,492,690		$556,248,551
Total Amount of Qualifying Funding Requests	$133,044,983	$274,725,249		$407,770,232
Commitments Pending	$0	$241,466,119		$241,466,119
Commitments Made	$131,023,258	$0		$131,023,258
Reserve	$2,021,725	$33,259,130		$35,280,855
Pro-Rata Factor	No Pro-Ration	92.5 %*** (7.5% funding reduction)		N/A

*Includes the FY2016 initial filing window period (March 1, 2016 – June 1, 2016) and the time period from June 2, 2016 – August 31, 2016.

**The $400M Rural Health Care (RHC) Program cap was reduced by approximately $12.7M in administrative expenses, representing the total amount of funding necessary for USAC to administer the RHC Program for FY2016.

***The pro-rata factor is based on the Total Amount of Qualifying Funding Requests of $274,725,249, which exceeds $254,255,017 (*i.e.*, the total RHC Program funding available at the beginning of the September 1 – November 30 filing window period).

FY2016 Funding Information Glossary of Terms

RHC Program Funding Available – *RHC Program Funding Available* for the time period before the Sept. 1 – Nov. 30, 2016 Filing Window Period is the total amount of funding available for the RHC Program for FY2016, which is calculated by subtracting the administrative expenses from the RHC Program's $400 million cap. For the Sept. 1 – Nov. 30, 2016 Filing Window Period, *RHC Program Funding Available* was calculated by subtracting the *Total Amount of Qualifying Funding Requests* before the Sept. 1 – Nov. 30, 2016 Filing Window Period from *RHC Program Funding Available* at the start of that same time period.

Total Funding Requests Received – Total amount of all original funding requests as submitted by applicants, before USAC reviews and makes adjustments.

Total Amount of Qualifying Funding Requests – Total demand for RHC Program funding from requests received during the two time periods after USAC review. This total includes the sum of *Commitments Pending, Commitments Made,* and *Reserve.* If the *Total Amount of Qualifying Funding Requests* in the filing window period exceeds the *RHC Program Funding Available* for the filing window period, all funding requests filed within the filing window period will be prorated, based on the *Total Amount of Qualifying Funding Requests* received during the filing window period. See the FY2016 Filing Window page.

Commitments Pending – Total amount of approved funding requests that are waiting to be committed.

Commitments Made – Total amount of approved funding requests that have been committed.

Reserve – Sum of total amount reserved for funding requests that require further review, and total amount of funding requests that have been denied and subsequently appealed or could potentially be appealed.

Pro-Rata Factor – The percentage of each qualifying funding request that will be approved for commitment. This percentage is applied to funding requests after they have been reviewed by USAC, which may have resulted in prior adjustments. This percentage is calculated by dividing the *RHC Program Funding Available* by the *Total Amount of Qualifying Funding Requests* for a filing window period, when the Total Amount of Qualifying Funding Requests exceeds the *RHC Program Funding Available.*

Pro-rata Factor for FY2016

All qualifying FY2016 funding requests received by the close of the September 1 – November 30 filing window period will be pro-rated at 92.5% (reduction of 7.5%). An explanation of how the pro-rata factor was calculated is below.

RHC Program Funding Annual Cap — Admin Expenses — **Total Amount of Qualifying Funding Requests before Sept. - Nov. Filing Window Period** = Funding Available for Sept. - Nov. Filing Window Period

$$\text{Pro-rata Factor} = \frac{\text{Funding Available for Sept. - Nov. Filing Window Period}}{\textbf{Total Amount of Qualifying Funding Requests for Sept. - Nov. Filing Window Period}} = \frac{\$254,255,017}{\$274,725,249} = 92.5\%$$

The exact amount of funding each qualifying funding request will receive is detailed in each funding commitment letter issued beginning April 10, 2017.